

Lovejoy ISD
Student Nutrition Lunch Account Refund Request

CAMPUS _____

Student Name _____ ID# _____ Date _____

Please do the following with funds in the lunch account:

____ I have another Student or Employee lunch account in the District. Please transfer to the following account name/number: _____

____ I do not have another Student or Employee lunch account in the District. Please refund the balance to name & address below:

Parent or Guardian Name: _____

Mailing Address, City, State, Zip _____

Please allow four (4) weeks for check refunds to be processed.

Student or
Parent /Guardian
Signature: _____ Date: _____

*Don't forget to **DELETE AUTOMATIC PAYMENTS IN MYSCHOOLBUCKS!***

For LISD Student Nutrition office use only

I confirm that I have received permission from the Director of Student Nutrition and will process the request for reimbursement refund from the employee/child's nutrition account

Final Account Balance of: \$ _____

____ Amount has been deducted from account

____ Check request issued

____ Amount has been transferred to _____

____ Account has been deactivated

Tracy McGoldrick
Administrative Assistant
469-742-8041

mailto:tracy_mcgoldrick@lovejoyisd.net

Mat McCarty
Student Nutrition Director
469-742-8014

mat_mccarty@lovejoyisd.net